No. 300
10.48

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21198

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4549

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 0
c. LENGTH OF STAY (in this place): 11-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo.Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: St.Louis 4376
c. CITY OR TOWN: University City 37
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1
e. STREET ADDRESS (If rural, give location): 7528 Gannon Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Schalk

4. DATE OF DEATH (Month) (Day) (Year): May 20,1954

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M. 1
8. DATE OF BIRTH: May 4,1894
9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months: 0 Days: 10 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman- Post-Dispatch
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cincinnati,Ohio 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Michael Schalk
13b. MOTHER'S MAIDEN NAME: Margaret Eichelberger
14. NAME OF HUSBAND OR WIFE: Mrs.Kathryn Schalk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.Kathryn Schalk,7528 Gannon Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma R. Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Anasarca — 12 Days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 162X

22. *I hereby certify that I attended the deceased from* Feb 8, 1954, *to* May 20, 1954, *that I last saw the deceased alive on* May 20, 1954, *and that death occurred at* 2 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. S. Neusel M.D.
23b. ADDRESS: 567 N. & S. RD. University City Mo
23c. DATE SIGNED: 5/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 21,1954
24c. NAME OF CEMETERY OR CREMATORY: Spring Grove Cemetery
24d. LOCATION (City, town, or county) (State): Cincinnati,Ohio

DATE REC'D BY LOCAL REG.: MAY 21 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M. Arthur J. Donnelly M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: 40 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

No. 32388

JUL 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by ~~me, or by~~ me ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Wm S. Salfen

Licensed Embalmer No. 469

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.